

*GENTLE TEACHING: ON THE ONE HAND ...
BUT ON THE OTHER HAND*

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As one of the reviewers of the article by Jones and McCaughey (1992), I said that GT is a controversial procedure, advocated by controversial individuals, and that the *Journal of Applied Behavior Analysis (JABA)* should be a forum for exposing controversial issues. I believe that to be a major didactic function of the leading behavior analysis journal.

Behavioral procedures, particularly aversive procedures, have come under intense scrutiny and fierce attack in recent years. Gentle teaching (GT) and its proponents are emblematic of this attack. A number of individuals and advocacy groups have made representations about behavior analysis that are not consistent with the views held by most readers of this journal. Jones and McCaughey (1992, p. 853) stated that, "proponents of GT have caricatured the behavioral approach as 'sinful' (Conneally, 1989, p. 5), as a 'culture of death' (Brandon, 1989, p. 14), and have likened the approach to that of deliberate torture (McGee, Menolascino, Hobbs, & Menousek, 1987)." If these misrepresentations were relegated only to the professional literature, they would be relatively innocuous. Instead, proponents of each position have attempted to control the behavior of nonadherents by manipulating environmental contingencies. For example, the antagonists of behavior analysis have themselves been keen behavior modifiers by attempting, and succeeding in some cases, to influence group position statements, facility accreditation standards, governmental agency policies and administrative regulations, state and federal statutes, and governmental funding. These sources of political and governmental control can be far reaching and highly effective in preventing behavior analysts from ex-

ercising their professional judgment in the treatment of persons with disabilities. The U.S. Supreme Court in the *Youngberg v. Romeo* (1982) case, however, deferred to the presumptive validity of decisions made by professionals regarding the habilitation of persons with mental retardation. To the degree the critics of behavior analysis are effective in their political efforts to limit certain behavioral techniques, the professional judgment of service providers sanctioned by the judiciary will be abridged by the legislative or executive branches of government.

In contrast, behavior analysts have a long reinforcement history of operating as members of an academic discipline; most are novices at manipulating political contingencies. Only recently have some behavior analysts begun to step beyond their discipline to engage in advocacy and other political activities aimed at perpetuating the prerogatives of behavioral practitioners in society; however, behavior analysts have been largely on the defensive. They have attempted some countercontrol characterized primarily by verbal behavior at conventions, and in journal articles and group position statements.

Gentle teaching is merely symbolic of this larger controversy that has been characterized polemically as the "aversives debate." Unfortunately, the so-called debate has long ago progressed from a Lincoln-Douglas exchange to what is more akin to the political correctness movement on university campuses today. In some extreme instances, national conventions have become like the U.S. House of Representatives Un-American Activities Committee hearings of the 1950s, in which a modern-day politically correct McCarthyite interrogates a professional colleague: "Are you now or have you ever been a member of any organization that does not forbid the use of all aversive procedures with all persons under all circumstances?"

I agree with Durand's (1991) assessment of the

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controversy: Many strawpersons have been propped up and decapitated by the thespians in this drama. Unfortunately, the debate has become vitriolic and personal, with lines of demarcation stridently drawn. White and black hats may have been salient discriminative stimuli for the good guys and bad guys in the cowboy movies some 40 years ago. I was generally reinforced for making that easy discrimination on Saturday afternoons in the 1950s. Unfortunately, some people today are attempting to discriminate between "good people" and "bad people" serving individuals with disabilities, but the discriminative stimuli are not as salient as they were in the western movies. People must respond to discriminative stimuli in the form of a speaker's verbal behavior concerning his or her position on the aversives-nonaversives debate. Unfortunately, rather than merely disagreeing with a speaker's verbal statements, at times the speaker's character has been assassinated.

I believe we should deescalate this invidious personal invective. Instead, we should focus on the merits of the positions and not the personal sanctity or diabolicalness of the speakers. Two critical points must be made, however, in evaluating the merits of these positions. Philosophical arguments can be countered logically only with philosophical counterarguments. Arguments based on empirical data can be countered logically only with counterarguments based on empirical data. Too often, the debate has pitted philosophical arguments against empirical counterarguments. This creates an illogical debate. Compelling empirical data will not be persuasive for behavior judged to be morally reprehensible, and moral persuasion is irrelevant to the scientific merit of a data set.

With this as background, I would like to turn to the relationship between GT and applied behavior analysis using the Jones and McCaughey (1992) paper as a point of departure. These authors are to be commended for selecting the timely topic of defining the current status of GT and its relationship to applied behavior analysis. That was not an easy task. Jones and McCaughey cite published literature culled from a wide variety of books and professional journals derived from three continents,

as well as oral presentations made in Ireland, England, and Canada. This scholarly task was made even more challenging because John McGee's representations about GT and behaviorism reportedly have changed over the years.

It is commendable that GT has been a topic of interest for professional journals in behavior analysis, behavior therapy, nursing, social work, special education, mental retardation, psychology, developmental disabilities, child development, psychiatry, learning disabilities, and other disciplines. It also is admirable that advocates of this treatment model have disseminated it to an international audience. It is also understandable that conceptual or treatment models evolve and are subject to modification based on new data or philosophical reanalysis.

Several issues concerning GT and behavior analysis merit comment. Jones and McCaughey (1992) have identified two strengths of GT, which I believe are interrelated—its wide focus and emphasis on mutual change between client and caregiver. On the one hand, behavior analysts have been criticized for not taking an ecological perspective and including environmental and interpersonal factors in their analysis of the maladaptive target behavior (Willems, 1974). On the other hand, empirical researchers recently have begun to broaden the scope of behavior analysis by identifying antecedent conditions that serve as discriminative stimuli for maladaptive behaviors. This functional analysis has expanded the scope of behavior analysis (Iwata, Dorsey, Slifer, Bauman, & Richman, 1982; O'Neill, Horner, Albin, Storey, & Sprague, 1990), but it may still fall short of the breadth suggested by Willems (1974). Lutzker's (1990) recent analysis of the literature led him to conclude that there has not been much improvement in the ecological scope of behavior-analytic research during the past two decades.

Conceptual behavior analysts also have argued for widening the scope of the discipline. Hayes (1988) and Morris (1988) have proposed that behavior analysis is contextual in world view. Morris said that "neither response nor stimuli have meaning unto themselves. Rather, meaning is an emer-

gent property of their interrelationship within their historical and current contexts, all of which constitutes a dynamic unit of analysis" (Morris, 1988, p. 301). Despite these insightful philosophical analyses of behaviorism, Morris concluded that contextualism "does not yet find broad, *explicit* acknowledgement within the field of behavior analysis" (Morris, 1988, p. 299). Conceptual and empirical behavior analysis could benefit from a wider focus, as suggested by McGee and acknowledged by noted behavior analysts themselves.

McGee and his associates have consistently decried the use of punishment in the treatment of persons with disabilities, and they argue for positive environments for habilitation. Similarly, philosophical and empirical arguments against punishment and in favor of positive treatment approaches have been articulated by people inside the behavioral fold. Nearly 40 years ago, Skinner (1953) asked the question, "Does punishment work?" He characterized punishment procedures as "questionable techniques," cited negative effects and by-products of punishment, and suggested alternatives. Iwata (1988), in his presidential address to the Association for Behavior Analysis, advised the membership of that organization not to *advocate* for the adoption of aversive technologies and the use of punishment. In a recent book, Sidman (1989) argued against the use of punishment, describing it as coercion and analyzing its negative "fallout." These admonitions, from card-carrying behaviorists, are compelling on philosophical, empirical, and tactical grounds, without maligning behavior analysis as a discipline or behavior analysts as persons.

The establishment of positive environments, including an important role for human interaction in those environments, also has been made by people well ensconced within the behavioral fold. Skinner (1968) advocated the "good will and affection of the teacher" be used as positive reinforcers. Admittedly, unlike a central tenet of GT, Skinner argued for these teacher-delivered stimuli to be contingent on student behavior. Pleasing to gentle teachers, I suspect, is a position advocated by Sulzer-Azaroff and Mayer (1991), who stated that "elevating the overall level of reinforcement in your

setting will pay off in the long run" (p. 186). Among their suggestions for creating a positive environment, Sulzer-Azaroff and Meyer suggested a number of activities that provide positive stimuli noncontingently on task behavior. These authors concluded, "You and the setting will become imbued with reinforcing qualities. People will like to be there with you and all of you will find the quality of your lives improved. . . . In summary, *up your reinforcement*" (p. 187). These behaviorists do not invoke the constructs of "bonding" or "valuing" as rationales for their recommendations, but they do acknowledge the importance of "human reward," which is fundamental to GT.

Bonding is a central principle of GT and it has been defined as "an affectional tie that one person forms with another. . . . It promotes proximity and contact between the two" (McGee et al., 1987, p. 16). The promotion of bonding "requires caregivers to initiate and establish interactional patterns based on unconditional and authentic valuing" (McGee & Gonzales, 1990, p. 238). These authors identify and define four presumed caregiver response classes that are included in a "value-centered" dimension: value giving, reciprocity eliciting, assisting warmly, and protecting. The process of GT involves having the caregiver emit these value-centered behaviors, refrain from emitting dominative behaviors, and occasioning client behaviors categorized as belonging to the "participatory dimension" (e.g., value reciprocation, value initiation).

In a series of 15 cases using AB experimental designs, McGee and Gonzales (1990) found that between baseline and the treatment condition, caregivers increased their value-centered behaviors and decreased their dominative behaviors. Clients correspondingly increased their behaviors along the participatory dimension and decreased nonparticipatory behaviors, including aggression, self-injury, and withdrawal.

The issue is what do the terms *bonding* and *valuing* really mean? On the one hand, if these terms are meant to be explanatory constructs, that would be troubling to many readers of this journal. On the other hand, it would be less troubling if these constructs are meant to be merely descriptive

of behavior. The manner in which these constructs are discussed in the GT literature, however, suggests they may be intended to be explanatory. Alternative behavioral explanations for these constructs have been reported in the literature (e.g., stimulus control, modeling, positive practice, and graduated exposure; Jones, 1990, cited by Jones & McCaughey, 1992). These are much more compelling explanations than the hypothetical constructs of bonding or valuing.

Another possible behavioral interpretation for the behavior change reported by McGee and Gonzalez (1990) is that GT procedures require caregivers to increase the rate of providing antecedent conditions intended to increase adaptive behavior and decrease maladaptive behavior. Positive results might occur because of a phenomenon termed *behavioral momentum*, initially described by Nevin, Mandell, and Atak (1983) and subsequently tested on persons with mental retardation (Mace & Belfiore, 1990; Mace et al., 1988). Mace and his associates found that antecedent high-probability command sequences increased compliance and decreased maladaptive behavior. Could behavioral momentum be part of the explanation of why GT can be effective? Could the high-rate value-centered behaviors of the caregivers create behavioral momentum and decrease aberrant behavior? If so, more power to GT, but let's identify what variables really are producing behavior change.

Jones and McCaughey (1992) also criticize GT for not having clear procedural guidelines and being ineffective. On the one hand, the proponents of GT should work further to operationalize the instructional procedures. Their Caregiver Interactional Observation System and Person Interactional Observation System (McGee & Gonzales, 1990) are steps in the right direction, and efforts to operationalize other aspects of GT might enable independent researchers to replicate the procedures and obtain positive results.

On the other hand, I suspect that the more GT is operationalized, the more GT may appear to be old wine in new bottles—at least with respect to the behavioral principles that underlie the procedures. I strongly recommend that the proponents

of GT work toward designing valid, sensitive, and reliable dependent variables, replicable and potent independent variables, and experimental designs that control extraneous variables.

Don Baer (1990) provided a "response analysis of trouble," in which he stated that the problem is not the behavior of individuals per se, but that someone complains about their behavior. Thus, the objective of our intervention should be to reduce the complaints. Which of their behaviors can behavior analysts change to reduce the complaints by McGee and his associates? On the one hand, we could take the defensive and write more counterposition statements; at times, that would be appropriate. On the other hand, the participation of behavior analysts in the effort to develop nonaversive treatment procedures is an important step in the right direction toward reducing many of those complaints. How much of the behavior of behavior analysts must change to reduce the complaints and the attendant aversive consequences will be determined by the same principles of stimulus control that behavior analysts (and gentle teachers) use on their clients with maladaptive behavior.

In conclusion, we are left with a litany of pros and cons; a litany of "on the one hand . . . but on the other hand." It seems that the level of development of our discipline may be about the same as that of economics, about which Harry Truman reportedly said, "All my economists say, 'on the one hand . . . but on the other.' Give me a one-handed economist!" (Boller, 1981, p. 278). Clinicians must make treatment decisions daily despite unanswered questions about virtually all treatment models. Although clinical decision making would be easier if advice were obtained from one-handed theorists, at this time the only reasonable conclusion is "on the one hand . . . but on the other hand." More well-controlled research by independent investigators is needed before we can give a one-handed recommendation regarding GT.

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